

# THE CMDP REVIEW

*Comprehensive Medical and Dental Program  
Bi-Annual Communiqué for ACYF, DJC, AOC/JPO*

**WINTER EDITION**

**602-351-2245, 1-800-201-1795**

**FEBRUARY 2005**

**W**elcome to the 2005 Winter Edition of the CMDP REVIEW.



## **CMDP Formulary**

CMDP is introducing a **Preferred Medication List (PML)** for members. The PML, also known as a formulary, is a list of medications preferred by CMDP. The PML takes effect on **April 1, 2005**. CMDP health care providers, including Primary Care Providers (PCP) should consult with the PML when prescribing medications for members.

The medications on the PML have received U.S. Food and Drug Administration approval as safe and effective. A committee of physicians and pharmacists has chosen all of the medications on the list.

Some of the medications or classes of medications need approval in advance or prior authorization (PA) before they are used. Medications on the PML handout marked with a star (\*) need a PA.

Not all of the medications on the PML are shown on the handout. If you are not able to find your medication on the list please remember the following:

- Most generic medications are preferred by CMDP.
- CMDP covers all medications when your health care provider demonstrates medical necessity.

Over the Counter (OTC) medications may be covered on a case-by-case basis since foster care placements do not receive reimbursement for out of pocket medical expenses. Examples of covered OTC medications may include:

- Medications used for the treatment of scabies and lice
- Antihistamines and decongestants used for the treatment of chronic allergies
- Medically necessary dietary supplements.

A licensed provider must prescribe these OTC medications.



The PML may change to reflect current medication availability and coverage. It will be updated regularly and as often as needed to

Equal Opportunity Employer Program. Persons with a disability may request a reasonable accommodation such as a sign language interpreter. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative formats by contacting Member Services at 602- 351-2245 or toll free 1-800-201-1795.

reflect important changes. The PML will be posted on the CMDP website at

<http://www.azdes.gov/dcyf/cmdpe/>.

For more information on the PML see the handout attached with the newsletter. If you have any questions and or concerns, please contact CMDP Member Services at 602-351-2245 or toll free at 1-800-201-1795.

### Step Care

To ensure that health care for Arizona's children in foster care is provided in the most cost-effective manner, CMDP is employing Step Care procedures for certain prescriptions.

Step Care is a method of providing quality of care by using the most appropriate medications. Step Care promotes the use less expensive medications before costlier treatments are approved by CMDP.

Initially this new approach will apply only to new prescriptions. Current prescription refills will not be disrupted. The Step Care process involves these medications:

**Zyrtec, Strattera, Singulair and Prevacid.**

#### **Zyrtec:**

With the availability of over-the counter (OTC) non-sedating antihistamines (NSA) commonly referred to as non-drowsy medications, Zyrtec is no longer available as a first line choice.

Although there may be some differences in the sedative effects among the NSAs, no differences in effectiveness has been demonstrated.

Therefore Claritin and Claritin-D or similar generic OTC medications are preferred by CMDP over Zyrtec.

Some children have known risks or problems using Claritin or Claritin-D. Others must take NSA medications all the time for skin conditions or asthma.

These children can get approval for a prescription NSA or NSA combination product through the CMDP prior authorization process.



#### **Strattera:**

Most medications used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) are classified as central nervous stimulants. Strattera, **a non-stimulant**, has demonstrated to be equally effective for treatment of ADHD in clinical trials. Well-controlled clinical trials to determine Strattera's place in the management of ADHD are still being conducted. Until these trials are completed Strattera is not considered an appropriate first line choice for treatment of ADHD and Attention Deficit Disorder (ADD).

Step Care favors the use of traditional, less expensive ADHD stimulant therapy (medication) before approving Strattera is approved. Authorization for Strattera will be considered if there are adverse reactions, failure or intolerance to stimulant therapy. Also if there is a concern regarding stimulant therapy and or reasons for suspecting abuse of a stimulant authorization for Strattera will be considered.

#### **Singulair:**

The U.S. Food and Drug Administration (FDA) approved Singulair for the treatment of hay

fever. However the effectiveness of this medication has not demonstrated to be better than antihistamines or other similar medications in clinical studies.

CMDP is using the Step Care process to promote the use of the antihistamines or other medications as a first line treatment before authorizing Singulair and two other medications, Accolate and Zflo.

### **Prevacid:**

The effectiveness of medications referred to as proton-pump inhibitors (PPIs) for the treatment of heartburn is controversial. The occasional use of antacids or similar medications often is enough without the need for prescription PPIs.

Step Care will ensure that if Prilosec OTC is given for heartburn it must fail before a prescription PPI is approved. When a prescription PPI is appropriate, CMDP will request that a generic medication such as Omeprazole be prescribed. The Step Care process will reduce prescription costs and increase movement to Prilosec OTC and generics for treatment of this condition.



### **Antidepressants and Suicidal Behavior in Youth**

There has been a lot of media attention about a link between the use of antidepressant medications and the risk of suicide for youth. The antidepressants known as Selective Serotonin Reuptake Inhibitors (SSRIs), that are involved are Prozac (Fluoxetine), Zoloft, Paxil, Luvox, Celexa, Lexapro, Wellbutrin, Effexor, Serzone and Remeron.

In September 2004 an advisory committee of the U.S. Food and Drug Administration (FDA) recommended a "BLACK BOX" warning be issued regarding the prescribing of psychotropic medications for children under the age of 18 years old. This action was taken after receiving clinical trial data that suggest the use of SSRI antidepressants may increase the risk of certain suicide-related thoughts.

The American Academy of Child and Adolescent Psychiatry (AACAP) presented testimony to the advisory committee on the treatment of adolescent depression and made recommendations to the FDA on the increased risks for adolescents taking these medications.

The AACAP supports treatments that have shown to be effective in easing depression while allowing normal development. The AACAP also agrees with the FDA's decision to insert warning language with all antidepressant medications to alert physicians and families to the need to monitor for signs of new suicidal thinking or activity during treatment, and to be aware of side effects that may influence suicidal behavior.

Regardless of whether an individual is on antidepressants or not, the following statements suggest an increased risk of suicide and should be carefully assessed in all depressed children and adolescents:

- Individuals who are at the highest risk for suicide are those who have made prior suicide attempts and are currently abusing substances
- Feelings of hopelessness, guilt, shame or worthlessness
- Impulsiveness, panic or anxiety
- No reason for living or lack of future plans

- Serious and chronic medical illness, including chronic pain
- Family history of suicide.

### **Mental Health and Children in Foster Care**

85% of children in foster care experience mental health issues and 70% exhibit moderate to severe mental health disorders. Mental health issues rank as the most common health problem reported for children in foster care. The most common issue reported is conduct disorder, however, suicidal and homicidal ideation, depression, anxiety disorder, attention deficit hyperactivity disorder and oppositional defiant disorder occur regularly.

Untreated or inadequately treated mental health disorders can lead to multiple and unsuccessful placements. This requires more primary care providers to examine and assess the children for mental health services. Also there is a need for more available intensive and expensive treatments.



We need to anticipate that these children are almost certainly going to have mental health disorders and need mental health services. This requires referrals to the Regional Behavioral Health Authorities (RBHA) at the time of entry into foster care.

Adaption to foster care is individual and varies with age, placement and personal history. However several themes are common:

- An initial “honeymoon period” where initial adaptation to foster care appears to go well.

- After about three months it is common for the child to demonstrate limit-testing and acting-out behaviors. The child may also be withdrawn, depressed, angry or aggressive.

Severe attachment disorders are less common. Children demonstrating great difficulty developing relationships may remain emotionally detached. They may exhibit behaviors around food such as hoarding, excessive hunger, excessive thirst or regurgitation of food.

We all know there is a great need for mental health professionals to interrupt these dysfunctional behaviors. Without mental health interventions these children and adolescents may continue to display extreme behaviors and a lack of emotional interaction with foster caregivers. A child could also experience a succession of foster homes because of “unsuccessful placements”.



We want to assure a successful first placement, therefore we need to refer or treat mental health disorders early and aggressively! We need to anticipate the need for referrals to the RBHAs and not wait for displays of behavioral problems.

For more information on mental health and children in foster care contact the Behavioral Health Coordinators in the CMDP Medical Services Unit at 602-351-2245 or 1-800-201-1795, exts 7009 or 7060.

**F**or questions about RBHA referrals contact the following RBHA Member Services Departments:

Maricopa County-**ValueOptions-1-800-564-5465**

Pima, Cochise, Greenlee, Graham, Santa Cruz Counties-**CPSA-1-800-771-9889**

Pinal, Gila Counties-**PGBHA-1-800-982-1317**

La Paz County-**EXCEL-1-800-387-4881**

Yuma County-**EXCEL-1-800-880-8901**

Mohave, Coconino, Apache, Navajo, Yavapai Counties-**NARBHA-1-800-640-2123**.

### **CMDP Provider Network**

CMDP's Preferred Provider Network consists of primary care providers and health care specialists. The Provider Services Unit is interested in hearing from the agencies with custody of CMDP members, in particular Child Protective Services. The Provider Services Unit ask for suggestions on how the network can be improved to meet the needs of children throughout the state of Arizona.

Please let Provider Services know where you have experienced a need for more health care providers who accept CMDP so recruitment efforts can be focused more effectively. Please identify the specific community and the type of health care providers needed, such as pediatricians, dentists, etc. Respond to Carol Renslow or Cathy Nunez at 602-351-2245 or 1-800-201-1795, exts. 7081 or 7042.

Their email addresses are [CNunez@azdes.gov](mailto:CNunez@azdes.gov) and [CRenslow@azdes.gov](mailto:CRenslow@azdes.gov).

CMDP realizes it may be difficult to locate a health care provider outside of Arizona. Out-of-state foster caregivers are encouraged to use their family doctor and dentist whenever possible. However all providers are required to register with the Arizona Health Care Cost Containment System. The Provider Services staff is responsible for handling the registration of all health care providers, including those out-of-state. Provider Services staff contacts the identified out-of-state providers and explain the health plan's coverage and payment procedures.

Please contact the staff for assistance with out-of-state providers. The phone numbers are 602-351-2245 or 1-800-201-1795, ext. 7042 and 7081.

### **Cultural Competency at CMDP**

The Language Line Services are provided for members and foster caregivers to communicate with CMDP health care providers. The service offers interpretation in over 140 languages either by phone or written translation. To request this service contact CMDP Member Services.

Please visit the CMDP Website at:  
<http://www.azdes.gov/dcyf/cmdpe/>

### **CMDP MEMBER SERVICES:**

**\*602-351-2245\***

**Or Toll Free**

**\*1-800-201-1795\***